

Inspect Records: Revised July 15, 2015

REQUEST TO INSPECT/REVIEW RECORDS

To: Record Custodian

Date Requ	e Requested: Appointment Time Scheduled					
	nspect and rev comply with t	-	cord. I understa	and Colorad	lo Mesa University has	
Print Last	Name	First Name		Student ID Number		
Address		City	State	Zip	Phone Number	
Are there a please exp		ms of your educationa	al record you are	e requesting	to review? If so,	
	gnatures are not accep email account.***	ted. This form must be printed and	signed or emailed from y	vour Colorado	Date	
		ved and inspected the the accuracy of my re	5	educational	record and I am	
	I have reviewed and inspected the contents of my educational record and I am not satisfied with the accuracy of my record for the following reason(s):					
Signature: ***Electronic sig account.***		ed. This form must be printed and	Date signed or emailed from yo		University email	
Approved	by:		USE ONLY ection/Review G	iranted:		
Official Su	pervising Revie	ew:		Date:		
					Date Received:	